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. Substitute for Form PTO-875									09749440			
ij.	CLAIMS AS FILED (Column 1)				- PART I (Column 2)		•.	SMALL ENTITY		OŘ	OTHE SMALL	R THAN ENTITY
FOR			NUMBER FILED		NUM	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))			-]		s	OR		\$
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MULTIPLE DEPENDENT CLAIM PRESEN				VT ((37 CFR 1.16(d))		1	+5 =		OR	+\$ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.							_	TOTAL		OR	TOTAL	
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If the entry in column 1 is less than the entry in column 2, write 0 m column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.